
From: Mendez, Maria [/O=CORPNYCHHC/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=MARIA.MENDEZ.NYCHHC.ORG]
Sent: 2/15/2019 11:01:55 AM
To: Kaye, Melissa [melissa.kaye@nychhc.org]
CC: Mundy, Daniel [daniel.mundy@nychhc.org]; Jain, Abhishek [jaina7@nychhc.org]; Fong, Donna [fongd@nychhc.org]; Barrow, Colleen [colleen.barrow@nychhc.org]; CHS Payroll [chspayroll@nychhc.org]
Subject: Melissa Kaye FMLA/Intermittent - To care for ill family member leave approval
Attachments: Melissa Kaye-Intermittent-to care for family member approval letter.pdf; Melissa Kaye-FMLA Designation Notice.pdf; Time sheet changes data entry form.pdf

Melissa,

Attached, please find an approval letter regarding your request for an intermittent leave of absence to care for your ill family member. For any time sheets submitted without the proper codes, please complete the attached Employee Time Sheet Changes Data Entry forms and submit directly to Payroll. Thank you.

Kind regards,

Maria Mendez

Assistant Director

HRSS Leaves Administration

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